

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8-5-94

2 Serial/Patent # 286189

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing		<u>8-5-94</u>	\$ <u>148.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 148.00

8 TO BE REFUNDED BY:

10 REASON:

- ☒ Overpayment
- ☐ Duplicate Payment
- ☐ No Fee Due (Explanation):

Treasury Check

☒ Credit Deposit A/C #:

9 19 -- 2253

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: EVERETT R. WILLIAMS TITLE: EXAMINER

SIGNATURE: E. R. Williams PHONE: 308-0501

OFFICE: ONAR

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Don Everett

DATE: 11/22/94

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: